



## Application to the Board of Assessment Appeals

**Must be filed on or before February 20, 2023 Grand List of October 1, 2022**

**All sections must be completed and legible for a hearing to be scheduled.** This form must be **RECEIVED BY February 20, 2023** the Assessment Office via mail, fax, email or in person. We are closed February 20 for a holiday. PLEASE PLAN ACCORDINGLY! Postmarks are not proof of receipt by our office! **Complete one form for each property account being appealed.**

Property Owner(s) Name(s): \_\_\_\_\_

Appellant/Agent Name: \_\_\_\_\_

Description of Property Being Appealed (Required)		
Real Estate	Personal Property	Motor Vehicle (2021 Supplemental)
Address: _____	Address: _____	Year: _____ Make: _____
Residential – Comm'l – Industrial (circle one)	Unique ID#: _____	Model _____ VIN: _____

Background: Have you appealed this property previously? (yes or no) \_\_\_\_\_

Reason for the Appeal (Required): \_\_\_\_\_

*If you prefer a hearing with multiple Board of Assessment Appeals members or alternates, check here: ☐*

Appellant's/Agent's Opinion of  
Fair Market Value (Required): \$ \_\_\_\_\_ Town's Appraised Value: \$ \_\_\_\_\_

**\*Real estate valuations are based on 10/1/2021 revaluation.\***

**\*Please attach all relevant materials to support the appeal/opinion of value to this form.\***

**Correspondence to be sent to (Provide only 1):**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of owner (or authorized agent with completed authorization form on back)

Date signed

**You will be notified by email & mail of the date, time, and place of your appeal hearing.**

*For use only by the Board of Assessment Appeals:*

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: Manchester Town Hall Rm \_\_\_\_\_

Appeal Number: \_\_\_\_\_



Town of Manchester – Assessment Office  
41 Center Street Manchester, CT 06045  
Tel: 860-647-3011/Fax: 860-647-3099  
[assessor@manchesterct.gov](mailto:assessor@manchesterct.gov)

**BOARD OF ASSESSMENT APPEALS- AGENT AUTHORIZATION**

I/We \_\_\_\_\_, being legal owner(s) of (property location): \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act as my/our agent in all matters before the Board of Assessment Appeals of the Town of Manchester.

Signature of legal owner (Required): \_\_\_\_\_

Date Signed (Required): \_\_\_\_\_

**FOR BAA USE ONLY**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Assessment on record as of October 1, 2022: \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application: \_\_\_Approved \_\_\_Denied \_\_\_Granted as Follows: \_\_\_\_\_  
\_\_\_\_\_

New Assessment: \$ \_\_\_\_\_

\_\_\_\_\_  
Date Signed

Signatures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_